

SECTION 7 SERVICE SPECIFICATIONS

This section sets forth the service specifications for each of the following services:

Home-Based Services

- ☐ Attendant Care
- ☐ Habilitation, Community Protection and Treatment Hourly
- ☐ Habilitation, Support
- ☐ Housekeeping
- ☐ Respite

Day Treatment and Training Services

- ☐ Day Treatment and Training, Adult
- ☐ Day Treatment and Training, Child (After-School)
- ☐ Day Treatment and Training, Child (Summer)

Developmental Home Services

- ☐ Habilitation, Vendor Supported Developmental Home (Child and Adult)
- ☐ Room and Board, Vendor Supported Developmental Home (Child and Adult)

Independent Living Services

- ☐ Habilitation, Individually Designed Living Arrangement

Group Home Services

- ☐ Habilitation, Community Protection and Treatment Group Home
- ☐ Habilitation, Group Home
- ☐ Habilitation, Nursing Supported Group Home
- ☐ Room and Board, All Group Homes

Professional Services

- ☐ Home Health Aide
- ☐ Nursing
- ☐ Occupational Therapy
- ☐ Occupational Therapy Early Intervention
- ☐ Physical Therapy
- ☐ Physical Therapy Early Intervention
- ☐ Speech Therapy
- ☐ Speech Therapy Early Intervention

Other Services

- ☐ Transportation

In addition to the general requirements included in Section 5 and the terms and conditions in Section 6, the Qualified Vendor shall meet the requirements in the applicable service specification for each service the Qualified Vendor agrees to provide to eligible consumers.

ATTENDANT CARE

Service Description

This service provides a qualified attendant to supply needed services in order for the consumer to remain in his/her home and/or participate in work/community activities.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home; or
 - 1.2 The consumer's community.
2. This service shall not be provided while the consumer is attending day treatment and training.
3. This service shall not be provided when the consumer is hospitalized or otherwise receiving institutional services except prior to discharge to allow the consumer to return to a safe and sanitary environment.
4. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated intermediate care facilities for the mentally retarded (ICFs/MR), or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To assist the consumer to attain or maintain safe and sanitary living conditions and/or maintain personal cleanliness and activities of daily living.
2. To assist the consumer to remain in his/her home and/or participate in community activities.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Develop and implement a schedule and general plan of care (Attendant Care Agreement).

2. Provide assistance to maintain personal cleanliness and in activities of daily living that do not require medical supervision or intervention. Tasks may include but are not limited to:
 - 2.1 Bathing;
 - 2.2 Oral hygiene;
 - 2.3 Toileting;
 - 2.4 Bowel and bladder care;
 - 2.5 Dressing;
 - 2.6 Shampooing;
 - 2.7 Ambulation;
 - 2.8 Transfer to and from wheelchair and/or bed;
 - 2.9 Eating and meal preparation;
 - 2.10 Routine nail and skin care;
 - 2.11 Tasks necessary for comfort and safety of movement restricted consumers; and
 - 2.12 Assisting with special appliances and/or prosthetic devices.
3. Provide assistance by planning, shopping, storing, and cooking food for nutritional meals.
4. Assist consumer to participate in the community and activities of daily living (e.g., church, shopping).
5. Assist in providing appropriate attention to injury and illness; maintain skin integrity including the provision of first aid (i.e., prevention of pressure sores). Refer for appropriate action all consumers who present additional medical or social problems during the course of the service delivery.
6. Assist with self-medication or medication reminders.
7. Provide assistance to attain or maintain safe and sanitary living conditions. Tasks may include but are not limited to:
 - 7.1 Dusting;
 - 7.2 Cleaning floors, bathrooms, oven, refrigerator, and windows (if necessary for safe or sanitary living conditions);
 - 7.3 Cleaning kitchen, washing dishes, routine maintenance and cleaning of household appliances;
 - 7.4 Changing linens and making bed;
 - 7.5 Washing, drying and folding the consumer's laundry (ironing only if necessary);
 - 7.6 Shopping for and storing household supplies and medicines;
 - 7.7 Taking garbage out; and
 - 7.8 Other duties as determined appropriate and necessary by the consumer's ISP team.

8. In unusual circumstances, the following tasks may be performed:
 - 8.1 To attain safe living conditions:
 - 8.1.1 Heavy cleaning such as washing walls or ceilings; and
 - 8.1.2 Yard work such as cleaning the yard and hauling away debris.
 - 8.2 To assist the consumer in obtaining and/or caring for basic material needs for water, heating, and food.

Service Utilization Guidelines

1. Using the assessment and plan development processes, needs are assessed by the ISP team based upon what is normally expected to be performed by a consumer and/or his/her natural supports. Consideration should be made to age appropriate expectations of the consumer and his/her natural supports (what can reasonably be expected of each member based on his/her age). This service shall not supplant the care provided by the consumer's natural supports.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. Housekeeping tasks are to be performed only for the consumer's areas of the home or common areas of the home used by the consumer.
4. The consumer or family is expected to provide all necessary housekeeping and personal care supplies.
5. The consumer or family is responsible to provide money for supplies and food in advance of the purchase if the attendant is expected to shop for food and household supplies.

Rate

Published.

Unit of Service

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

Direct service staff shall have the ability to provide assistance to a consumer to meet essential personal, physical, and homemaking needs. This ability includes social, physical, and emotional fitness.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the Attendant Care Agreement on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall prepare and submit monthly attendant care reports to the support coordinator.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

HABILITATION, COMMUNITY PROTECTION AND TREATMENT HOURLY

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to protect Community Protection and Treatment Program eligible consumers as well as the general public from possible harm and provide treatments and related supports designed to ameliorate symptoms, disorders or behaviors that have interfered with the consumer's full inclusion in the community.

Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the person.

Service Setting

1. This service may be provided in any setting authorized by the Division.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

The foundation for achieving all service goals and objectives will be a person-centered plan that will minimally consist of the following focuses: a common understanding of the person from a strengths/needs perspective, developing a shared vision of the future that reflects a shared commitment for a quality life for the person, a listing of the opportunities and obstacles for reaching that vision, and a review process for checking progress over time.

1. To provide services that facilitate treatment with interventions designed accordingly:
 - 1.1 To provide integrated treatment goals, objectives, and therapeutic interventions that assist program participants to function safely in society and avoid offending or re-offending.
 - 1.2 To provide training, therapy and supervision, whether voluntary or court ordered, for consumers to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and continue to remain out of prison or psychiatric settings.
 - 1.3 To assist the consumer in defining, achieving and maintaining a quality of life that corresponds to the consumer's vision of the future.
 - 1.4 To include the consumer in both development and implementation; the program should be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.
2. To provide services that facilitate protection with interventions designed accordingly:
 - 2.1 To provide environmental and programmatic safeguards and structures that protect the consumer as well as neighbors and community members from those behaviors that endanger the consumer, other people or property and/or interfere with the rights of others.
 - 2.2 To support consumers to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.
 - 2.3 To be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's Person Center Plan and ISP processes, determine the habilitation needs of the consumer in order to ensure that consumers are provided the appropriate habilitation services and other needed supports, as well as appropriate implementation strategies, and develop a support plan including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s).
 - 1.2 Develop a specific teaching/training strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the Person Centered Plan or ISP team.

2. As identified in the consumer's ISP or Person Centered Plan and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.

7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools are coordinated to meet the needs of the consumers served.
9. Assist the consumer's ISP team in the development of the Emergency Contact Plan, Risk Assessment and the Discharge/Transition Checklist.
10. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
11. Provide a structured, specialized environment.
12. Provide collaboration and coordination with appropriate community resources, such as local government, parole officers, and law enforcement agencies.

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the needs of all of the consumers at that site and will be revised as needs change.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the consumer's ISP team to reduce staffing level supports as the consumer requires less intensive supervision.

Rate

Published.

Unit of Service

1. The basis of payment for this service is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer and includes transportation time with a consumer in support of program activities. When billing, the Qualified Vendor should round units of service to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff at the same time.

Direct Service Staff Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. The Qualified Vendor must require staff to complete the following training (to be reviewed and approved by the Division's Director of Clinical Services) prior to start of work but not limited to:
 - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
 - 2.2 Describing several strengths of consumers as well as needs and how these relate to challenging behaviors;
 - 2.3 Describing the values of the consumer and how they might contribute to the challenging behaviors;
 - 2.4 Identifying the consumer's most effective learning style;
 - 2.5 Involving the person's family and supportive others in identifying strengths/needs;
 - 2.6 Identifying the need for the consumer to have an assessment/reassessment to determine if behavioral health needs are being met;
 - 2.7 Staff and/or victim grooming and manipulation techniques;
 - 2.8 The therapy "triangle relationship" that can occur;

- 2.9 Recognizing emotional responses;
 - 2.10 Offense patterns;
 - 2.11 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;
 - 2.12 Awareness of power and control over individuals in a subordinate role; and
 - 2.13 Principles of positive behavior support and person centered planning.
3. The Qualified Vendor shall ensure that appropriate staff participate in a Division supported forum designed to assist all Community Protection and Treatment providers in the areas of person centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight and other supportive ventures.

Recordkeeping and Reporting Requirements

- 1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
- 2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
- 3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

HABILITATION, SUPPORT

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home; or
 - 1.2 The consumer's community.
2. This service shall not be provided while the consumer is attending day treatment and training.
3. This service shall not be provided when the consumer is hospitalized.
4. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
2. To provide training to increase or maintain the consumer's self-help, socialization, and adaptive skills to reside and participate successfully with his/her family in his/her own community.
3. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish individualized, time-limited training objectives that are based on assessment data and input from the consumer and the consumer's representative which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop strategies for habilitative objectives within ten business days after initiating service. The specific training strategy for each objective shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.7 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.

4. As identified in the consumer's ISP, provide training and/or assistance to the consumer's family/consumer's representative to increase and/or maintain targeted skill acquisition of the consumer.
 - 4.1 With input from the consumer, the consumer's representative, and his/her significant others, develop strategies for habilitative objectives that can be carried out in context of the consumer's daily routine.
 - 4.2 Communicate with the family/consumer's representative regarding how the plan is working when staff is not present.
 - 4.3 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.

Service Utilization Guidelines

1. Typical usage of habilitation is one to two hours per day.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.

Rate

Published.

Unit of Service

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

Direct service staff must:

1. Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);

2. Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit the support plan, including the training/teaching strategies, to the support coordinator ten business days after the initiation of service for ISP team review.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

HOUSEKEEPING

Service Description

This service provides assistance in the performance of routine household activities at a consumer's place of residence.

Service Setting

1. This service shall be provided in the consumer's home.
2. This service may be provided outside only when unsafe/unsanitary conditions exist or in the community when purchasing supplies or medicines.
3. This service shall not be provided when the consumer is hospitalized.
4. This service shall not be provided to consumers residing in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

To preserve or improve the safety and sanitation of the consumer's living conditions.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Develop and implement a schedule and general plan of care (Housekeeping Agreement).
2. Provide assistance to attain or maintain safe and sanitary living conditions, including but not limited to the following tasks:
 - 2.1 Dusting;
 - 2.2 Cleaning floors, bathrooms, oven, refrigerator, and windows (if necessary for safe and sanitary living conditions);
 - 2.3 Cleaning kitchen, washing dishes, routine maintenance and cleaning of household appliances;
 - 2.4 Changing linens and making bed;
 - 2.5 Washing, drying and folding the consumer's laundry (ironing only if necessary);

- 2.6 Shopping for and storing household supplies and medicines;
 - 2.7 Taking garbage out; and
 - 2.8 Other duties as determined appropriate and necessary by the ISP team.
3. In unusual circumstances, the following tasks may be performed:
 - 3.1 To attain safe living conditions:
 - 3.1.1 Heavy cleaning such as washing walls or ceilings; or
 - 3.1.2 Yard work such as cleaning the yard and hauling away debris.
 - 3.2 To assist the consumer in obtaining and/or caring for basic material needs for water, heating and food; and
 - 3.3 Planning, shopping, storing and cooking food for nutritional meals.

Service Utilization Guidelines

1. Typical utilization of housekeeping is two to four hours per week.
2. Using the assessment and plan development processes, needs are assessed by the consumer's ISP team based upon what is normally expected to be performed by a consumer and/or his/her natural supports. Consideration should be made to age appropriate expectations of the consumer and his/her natural supports (what can reasonably be expected of each member based on his/her age). This service will only be utilized after the consumer/natural supports and resources have been exhausted.
3. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
4. Housekeeping tasks are to be performed only for the consumer's areas of the home or common areas of the home used by the consumer.
5. The consumer or family is expected to provide all necessary housekeeping supplies.
6. The consumer or family is responsible to provide money for supplies and food in advance of the purchase if direct service staff is expected to shop for food and household supplies.
7. The amount of housekeeping provided shall be determined based on the home requirements for a safe and sanitary environment. If more than one eligible consumer resides in the home, payment will not be made twice for cleaning common areas of the home.
8. Housekeeping staff shall not provide supervision or direct care services.

Rate

Published.

Unit of Service

The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its service time to the nearest 15-minute increment, as illustrated in the examples below:

- ☐ If services were provided for 65 minutes, bill for 1 hour.
- ☐ If services were provided for 68 minutes, bill for 1.25 hour.
- ☐ If services were provided for 50 minutes, bill for 0.75 hour.

Direct Service Staff Qualifications

Direct service staff shall be physically capable of performing the required tasks.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the Housekeeping Agreement on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

RESPIRE

Service Description

This service provides short-term care and supervision consistent with the health needs of the consumer to supplement care to provide a safe living environment and/or support or relieve caregivers for the benefit of the consumer.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 The home of the Qualified Vendor or direct service staff that has been inspected and approved by the Department of Health or the Department of Economic Security;
 - 1.3 A group home or developmental home (child or adult) licensed by the Department of Economic Security;
 - 1.4 A Medicare/Medicaid certified nursing facility; or
 - 1.5 A certified ICF/MR.
2. When services occur in any building other than the consumer's home, the building must meet the requirements of building inspection for Fire, Health/Safety.
3. If out-of-home respite is provided in a licensed facility, the facility shall not provide services to more individuals than its license allows.
4. This service shall not be provided when the consumer is hospitalized.
5. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities, or to consumers living independently.

Service Goals and Objectives

Service Goals

1. To provide relief to a family member or person caring for a consumer.
2. To provide supervision either in or outside of the home, as well as supporting the emotional, physical and mental well being of the consumer.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Determine the consumer's routine plan of care from the consumer's caregiver.
2. As identified in the consumer's ISP and/or routine plan of care, provide respite care and service to the consumer.
 - 2.1 Provide for the social, emotional and physical needs of the consumer.
 - 2.2 Ensure that the consumer receives medication as prescribed.
 - 2.3 Provide first aid and appropriate attention to injury and illness.
 - 2.4 Ensure provision of food to meet daily dietary needs. Therapeutic diets requiring specialized ingredients or food supplements will be supplied by the family.
 - 2.5 Assist the consumer in utilizing transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends, and other activities.
 - 2.6 Carry out any programs identified in the consumer's ISP and/or routine plan of care.

Service Utilization Guidelines

1. The amount of respite is determined on a yearly basis through the ISP process not to exceed the amount set by Federal or State Medicaid rules.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. When families have more than one consumer eligible for respite from the Division and all will be receiving respite at the same time, the hours will be deducted from the authorized level of respite for each consumer.
4. Families receiving respite for consumers who wish other non-eligible individuals to receive care will be responsible for the costs of serving the non-eligible individual. The Division will only pay for services delivered to consumers authorized to receive such service.
5. The Qualified Vendor shall not serve, at one time, more individuals than can safely be provided for, and not more than three people, giving considerations to compatibility (e.g., age, diagnoses, behavior, sex, etc.).
6. Consumers shall be in the care of a certified/contracted respite provider at all times while in respite service. The consumer will not be transferred to another certified/contracted respite provider without the consent of the parent/consumer's representative.

Rate

Published.

Unit of Service

1. The basis of payment for Respite, Short-Term is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for .75 hour.
2. If the Qualified Vendor provides respite for more than 13 hours in one day, this is considered to be Respite, Continuous. One unit of Respite, Continuous equals one day (13 or more hours in a 24-hour period) of direct service time. A Qualified Vendor billing for Respite, Continuous will bill for the appropriate number of days of service and will include the actual cumulative hours of service provided on the billing document as required by the Division.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

1. All direct service staff must have at least three months experience in providing assistance to an individual to meet essential personal physical needs as described in R6-6-1529 (“such as showering, bathing, toileting, and eating”).
2. Direct service staff must have the ability to provide assistance to a consumer to meet essential personal, physical and homemaking needs. This ability includes social, physical and emotional fitness.

Recordkeeping and Reporting Requirements

The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer’s representative as verification of hours served.

DAY TREATMENT AND TRAINING, ADULT

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including.
 - 1.1 Establish individualized, time-limited training objectives that are based on assessment data and input from the consumer and the consumer's representative which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop strategies for habilitative objectives within ten business days after initiating service. The specific training strategy for each objective shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. When appropriate, provide consumers opportunities to earn money as part of habilitative learning objectives.
10. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to seven units per day; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. This service will generally be authorized at the 1:2.5 to 1:4.5 staff to consumer ratio rate for each consumer. However, the Qualified Vendor's claims for each consumer (excluding behaviorally or medically intense consumers with a specially authorized rate) shall reflect the actual staff to consumer ratio (excluding hours related to behaviorally or medically intense consumers who have a specially authorized rate).
3. Service to adults and children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The ratio rate for this service is established through the ratio of total direct service staff hours with consumers present at the program to total consumer hours.
3. The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rate for rural areas is that the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.
4. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:
 - a. Divide (the total billable hours consumers attended the program including hours allowed pursuant to item 3 below, excluding hours for behaviorally or medically intense consumers with a specially authorized rate) by (the total direct service staff hours with consumers present at the program, excluding hours related to behaviorally or medically intense consumers with a specially authorized rate); and
 - b. Use the resulting quotient, which is the number of consumer billable hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
 - c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.

For example, if the number of hours attended by all consumers in a program plus the hours allowed pursuant to item 3 below (excluding behaviorally or medically intense consumers with a specially authorized rate) totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding hours related to behaviorally or medically intense consumers with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- Total billable consumer hours divided by total direct service staff hours = $110 / 28$ or $2,200 / 560 = 3.928$
- This program's ratio is 1:3.928

For both consumers and direct service staff, units shall be recorded daily on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be rounded to the nearest hour, as illustrated in examples below:

- If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to one hour per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not include hours for that day for that client in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.

Direct Service Staff Qualifications

The direct service staff shall have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep copies of each consumer's schedule, including any changes, as well as daily records of the number of hours each consumer spends in the Qualified Vendor's program, including when the consumer arrived and left. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Time for behaviorally or medically intense consumers with a specially authorized rate shall be recorded separately.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present at the program shall be counted as direct service. Staff time related to behaviorally or medically intense consumers who have a specially authorized rate shall be recorded separately.

DAY TREATMENT AND TRAINING, CHILD (AFTER-SCHOOL)

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day during the school year.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's and his/her family's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including.
 - 1.1 Establish individualized, time-limited training objectives that are based on assessment data and input from the consumer and the consumer's representative which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop strategies for habilitative objectives within ten business days after initiating service. The specific training strategy for each objective shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day on school days; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. This service will generally be authorized at the 1:2.5 to 1:4.5 staff to consumer ratio rate for each consumer. However, the Qualified Vendor's claims for each consumer (excluding behaviorally or medically intense consumers with a specially authorized rate) shall reflect the actual staff to consumer ratio (excluding hours related to behaviorally or medically intense consumers who have a specially authorized rate).
3. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The ratio rate for this service is established through the ratio of total direct service staff hours with consumers present at the program to total consumer hours.
3. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:
 - a. Divide (the total hours consumers, excluding hours for behaviorally or medically intense consumers with a specially authorized rate, attended the program) by (the total direct service staff hours with consumers present at the program, excluding hours related to behaviorally or medically intense consumers with a specially authorized rate); and
 - b. Use the resulting quotient, which is the number of consumer hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
 - c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.

For example, if the number of hours attended by all consumers (excluding behaviorally or medically intense consumers with a specially authorized rate) in a program totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding hours related to behaviorally or medically intense consumers with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- ☐ Total billable consumer hours divided by total direct service staff hours = $110 / 28$ or $2,200 / 560 = 3.928$
- ☐ This program's ratio is 1:3.928

For both consumers and direct service staff, units shall be recorded daily on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be rounded to the nearest hour, as illustrated in examples below:

- ❑ If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- ❑ If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- ❑ If total hours for a consumer or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- ❑ If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to 30 minutes per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the daily ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not bill for that client. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.

Direct Service Staff Qualifications

The direct services staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep daily records of the number of hours each consumer spends in the Qualified Vendor's program. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Time for behaviorally or medically intense consumers with a specially authorized rate shall be recorded separately.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present at the program shall be counted as direct service. Staff time related to behaviorally or medically intense consumers who have a specially authorized rate shall be recorded separately.

DAY TREATMENT AND TRAINING, CHILD (SUMMER)

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day during summer vacation.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's and his/her family's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish individualized, time-limited training objectives that are based on assessment data and input from the consumer and the consumer's representative which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop strategies for habilitative objectives within ten business days after initiating service. The specific training strategy for each objective shall identify the schedule for implementation, frequency of services, data collection methods, and teaching strategies.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to specific training objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide training and/or assistance such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day during summer vacation; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. This service will generally be authorized at the 1:2.5 to 1:4.5 staff to consumer ratio rate for each consumer. However, the Qualified Vendor's claims for each consumer (excluding behaviorally or medically intense consumers with a specially authorized rate) shall reflect the actual staff to consumer ratio (excluding hours related to behaviorally or medically intense consumers who have a specially authorized rate).
3. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Rate

1. Published.
2. The ratio rate for this service is established through the ratio of total direct service staff hours with consumers present at the program to total consumer hours.
3. The Division established a separate rate for this service to behaviorally or medically intense consumers. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate in the published rate schedule. The hours for these consumers and the direct service staff hours related to the behaviorally or medically intense consumers shall not be considered in determining the overall program staffing ratio for the remaining consumers.

Unit of Service

1. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:
 - a. Divide (the total hours consumers, excluding hours for behaviorally or medically intense consumers with a specially authorized rate, attended the program) by (the total direct service staff hours with consumers present at the program, excluding hours related to behaviorally or medically intense consumers with a specially authorized rate); and
 - b. Use the resulting quotient, which is the number of consumer hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
 - c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.

For example, if the number of hours attended by all consumers (excluding behaviorally or medically intense consumers with a specially authorized rate) in a program totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding hours related to behaviorally or medically intense consumers with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- ☐ Total billable consumer hours divided by total direct service staff hours = $110 / 28$ or $2,200 / 560 = 3.928$
- ☐ This program's ratio is 1:3.928

For both consumers and direct service staff, units shall be recorded daily on the *per consumer* and *per direct service staff* basis, shall be expressed in terms of hours and shall be rounded to the nearest hour, as illustrated in examples below:

- ❑ If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- ❑ If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- ❑ If total hours for a consumer or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- ❑ If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to 30 minutes per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the daily ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not bill for that client. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.

Direct Service Staff Qualifications

The direct service staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. For consumers, the Qualified Vendor must keep daily records of the number of hours each consumer spends in the Qualified Vendor's program. The time begins when the Qualified Vendor assumes responsibility for the consumer and ends when the Qualified Vendor ends this responsibility. Time for behaviorally or medically intense consumers with a specially authorized rate shall be recorded separately.
4. For direct service staff, the Qualified Vendor must keep daily records of the number of hours each direct service staff spends providing direct services to consumers in the program. Only the time when consumers are present at the program shall be counted as direct service. Staff time related to behaviorally or medically intense consumers who have a specially authorized rate shall be recorded separately.

HABILITATION, VENDOR SUPPORTED DEVELOPMENTAL HOME (CHILD AND ADULT)

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

This service also provides for recruitment of homes, studies, training, monitoring, support, supervision, and recommendation of licensing/re-licensing and/or certification of child and adult developmental homes.

Service Setting

1. This service is provided to consumers who reside in licensed developmental homes (child or adult) that are subcontractors to the Qualified Vendor.
2. This services shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and be a member of his/her community based on his/her own choices.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
6. Assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

7. To provide licensed/certified adult and/or child developmental homes and administrative supervision and monitoring to each home.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s) which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop a specific teaching/training strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer; and
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.
8. Provide room and board.
9. Establish, support and maintain licensed/certified developmental homes to meet the needs of individuals with developmental disabilities.
10. Assist the consumer's ISP team in assessing the referred consumer for appropriate match with the licensed developmental home and participate as a team member in the development of the ISP.
11. Provide monthly consultation and supports to the developmental home provider to support the needs of the individual placement; this may include but not be limited to respite relief, programmatic support, monthly developmental home provider support groups, etc. Work cooperatively with all entities for continuity of services for the consumer.
12. Develop and implement strategies for recruitment, training, home studies and recommendation for licensing or certification, and re-licensing or re-certification of homes and methods for monitoring and retention of homes that protect the physical, emotional and mental well being of the consumer.
13. Monitor developmental homes for compliance with all applicable requirements.

Service Utilization Guidelines

Monitoring of utilization and authorization of support services for each site will be determined by the Qualified Vendor based on the needs of all of the consumers at that site and will be revised as needs change.

Rate

1. Published.
2. The rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.

Unit of Service

One unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

Direct Service Staff Qualifications

Reserved.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file, ensure that the licensed developmental home has a copy on file, and make the plan available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the responsible party.
3. The Qualified Vendor shall ensure a log of personal belongings of consumers served is maintained and continually updated. The Qualified Vendor will also submit to the consumer's representative a monthly accounting of expenditures per the individual spending plan.
4. The Qualified Vendor shall maintain recruitment data and files of home studies and on-going documentation of all activities for each licensed developmental home.
5. The Qualified Vendor shall maintain summary of accomplishments in the annual consumer's ISP.
6. The Qualified Vendor shall prepare and maintain an annual report of strategies for support and retention of developmental home providers that promote stability and longevity of placement in accordance with the consumer's vision of the future identified in the consumer's ISP.

7. The Qualified Vendor shall immediately notify the Division if a subcontractor's developmental home license is denied, suspended, or revoked.
8. The Qualified Vendor shall maintain copies of all home inspections and monitoring reports and make them available to the Division upon request.

ROOM AND BOARD, VENDOR SUPPORTED DEVELOPMENTAL HOME (CHILD AND ADULT)

Service Description

This service is a 24-hour day service that provides for a safe and healthy living environment that meets the physical needs of the consumer.

Service Setting

1. This service shall be provided in a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goal

To provide a residential environment that is dignified and “home-like,” ensures a safe and healthy living arrangement, and meets the physical and emotional needs of the consumer.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Ensure involvement of the consumer and/or his/her family in home furnishings/decor and any necessary modifications to optimize independence and personal preferences.
2. Ensure a safe and healthy living environment, which meets the physical and emotional needs of the consumer, is culturally appropriate and is available on a 24-hour basis.
3. Ensure the nutritional maintenance for consumers served by planning for and preparing nutritionally balanced meals in accordance with the consumer’s needs and in conjunction with the consumer’s preference.
4. Pay the developmental home subcontractor for the room and board service with the following exceptions:
 - 4.1 When consumers are Native American for whom their Tribe or Bureau of Indian Affairs has agreed to pay for the room and board services.
 - 4.2 When cost share agreements are made by the Division with a behavioral health entity to pay for room and board services as part of “wrap around” services for a consumer.

Service Utilization Guidelines

Reserved.

Rate

Published.

Unit of Service

One unit equals one day (24 hours) of service time.

Recordkeeping and Reporting Requirements

Reserved.

HABILITATION, INDIVIDUALLY DESIGNED LIVING ARRANGEMENT

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

Service Setting

1. This service provides for an alternative, non-licensed residential living situation for consumers within the Division's philosophical base of self-determination; enabling the consumer to choose where and with whom he/she will live and assume all responsibility for his/her residence. Generally, up to three consumers reside together in a private residence that is leased or owned by the consumer(s) and/or the consumer(s) representative(s). The focus of this service is to provide habilitative supports to these consumers based on the collective need for direct staff support to eligible consumers who have chosen to reside together and share their resources.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships and support for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.

6. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s) which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop a specific teaching/training strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing available community transportation resources such as public transportation, neighbors, and friends to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.

3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the collective needs of all of the consumers at that site and will be revised as needs change.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.

Rate

Published.

Unit of Service

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time divided by the total number of consumers. The rate for this service will be the *per unit* rate:
 - ☐ If one direct service staff person provides this service for one hour of direct service time to two consumers at the same time, the Qualified Vendor shall bill the Division .5 units of service for each consumer at the published rate.

- If one direct service staff person provides this service for two hours of direct service time to two consumers at the same time, the Qualified Vendor shall bill the Division one unit of service for each consumer at the published rate.

Direct Service Staff Qualifications

Direct service staff must:

1. Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
2. Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

HABILITATION, COMMUNITY PROTECTION AND TREATMENT GROUP HOME

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to protect Community Protection and Treatment Program eligible consumers as well as the general public from possible harm and provide treatments and related supports designed to ameliorate symptoms, disorders or behaviors that have interfered with the consumer's full inclusion in the community.

Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the person.

Service Setting

1. This service is provided to consumers in a residential setting that emphasizes positive behavioral supports and high level supervision and typically serves one to three consumers, one of whom must meet the definition of a Community Protection and Treatment Program participant and who voluntarily, or as directed by the court, participates in the program and abide by agreed upon restrictions stated in the consumer's ISP.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

The foundation for achieving all service goals and objectives will be a person-centered plan that will minimally consist of the following focuses: a common understanding of the person from a strengths/needs perspective, developing a shared vision of the future that reflects a shared commitment for a quality life for the person, a listing of the opportunities and obstacles for reaching that vision, and a review process for checking progress over time.

Service Goals

1. To provide services that facilitate treatment with interventions designed accordingly:
 - 1.1 To provide integrated treatment goals, objectives, and therapeutic interventions that assist program participants to function safely in society and avoid offending or re-offending.
 - 1.2 To provide training, therapy and supervision, whether voluntary or court ordered, for consumers to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and continue to remain out of prison or psychiatric settings.
 - 1.3 To assist the consumer in defining, achieving and maintaining a quality of life that corresponds to the consumer's vision of the future.
 - 1.4 To include the consumer in both development and implementation; the program should be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.
2. To provide services that facilitate protection with interventions designed accordingly:
 - 2.1 To provide environmental and programmatic safeguards and structures that protect the consumer as well as neighbors and community members from those behaviors that endanger the consumer, other people or property and/or interfere with the rights of others.
 - 2.2 To support consumers to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.
 - 2.3 To be respectful to the consumer, with positive supports and collaboration with both the consumer and team members.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's Person Centered Plan and ISP processes, determine the habilitation needs of the consumer in order to ensure that consumers are provided the appropriate habilitation services and other needed supports, as well as appropriate implementation strategies, and develop an individualized support plan, including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s).
 - 1.2 Develop a specific teaching/training strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the Person Centered Plan or ISP team.

2. As identified in the consumer's ISP or Person Centered Plan and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer; and
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.

8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools are coordinated to meet the needs of the consumers served.
9. Provide room and board.
10. Assist the consumer's ISP team in the development of the Emergency Contact Plan, Risk Assessment and the Discharge/Transition Checklist. Files reviewed during monthly administrative visits at each home shall document the availability of the Emergency Contact Plan and that all other requirements are met at each home.
11. Provide on-site monthly administrative supervision and monitoring to each home.
12. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
13. Provide a structured, specialized environment.
14. Provide collaboration and coordination with appropriate community resources, such as local government, parole officers, and law enforcement agencies.

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the collective needs of all of the consumers at that site and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the support level to be authorized for the consumers living in the home. This process should be a cooperative one that includes input from the Qualified Vendor. All changes must be re-authorized.
2. The DDD Program Administrator/Manager or designee shall approve any authorized hours in excess of Range 8 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the consumer's ISP team to reduce staffing level supports as the consumer requires less intensive supervision.

Rate

1. Published.
2. If at least one of the residents in the facility is authorized to receive this service, the Qualified Vendor may bill the Division the Habilitation, Community Protection and Treatment Group Home rate for all residents in the facility.
3. If the resident that requires Habilitation, Community Protection and Treatment Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Community Protection and Treatment Group Home rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home services.
4. The daily rate for this service is established through an Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home, and is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
5. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. The adopted rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.
6. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home is composed of ranges representing the number of direct service hours that may be authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home contains 14 ranges, each of which specifies the number of direct service hours the Qualified Vendor must provide in a week in order to bill the *per diem* rates associated with that range. This Matrix is statewide for all Habilitation, Community Protection and Treatment Group Homes. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home illustrates the span of direct service hours associated with each authorized range.

7. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate on the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly direct service hours weekly, or may calculate a monthly average of weekly direct service hours at the end of the month for that month.
8. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).
 - ☐ If there are 31 days in a month, then the number of weeks in a month is 4.43
 - ☐ If there are 30 days in a month, then the number of weeks in a month is 4.29
 - ☐ If there are 29 days in a month, then the number of weeks in a month is 4.14
 - ☐ If there are 28 days in a month, then the number of weeks in a month is 4.00
9. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
10. Because direct service hours provided can vary by week (if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours), and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
11. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
12. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

Examples below illustrate some of the scenarios that the Qualified Vendor may come across over the course of providing direct service services to their consumers.

Example 1: Typical Billing

Using Range 6 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming three residents were present in the group home, the applicable *per diem* rate per resident would be \$134.40.

Example 2: Qualified Vendor Provides More/Fewer Hours than Authorized

Using Range 8 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of the authorized range, the Qualified Vendor is authorized to provide between 190 and 210 hours of direct service per week. As long as the Qualified Vendor's direct service hours are within this range (whether those hours are actual weekly direct service hours or are a monthly average of weekly direct service hours), the Qualified Vendor will bill the division a *per diem* rate equivalent to that shown in Range 8. If, however, the Qualified Vendor delivers 185 direct hours, or fewer than the low end of Range 8, the Qualified Vendor will bill the *per diem* rate at Range 7, or the range reflecting the actual direct service hours that were delivered.

On the other hand, if the Qualified Vendor delivers 215 of direct service hours (whether those hours are actual weekly direct service hours or are a monthly average of weekly direct service hours), or more than those authorized in Range 8 (equivalent to 210 hours), the Qualified Vendor will continue to bill the *per diem* rate at Range 8, or the range reflecting the direct service hours that were authorized by the Division.

Example 3: Different Number of Residents

Using Range 6 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming three residents were present in the group home, the applicable *per diem* rate per resident would be \$134.40.

Assume on day two of the week one resident leaves, until an adjustment is made and unless the Qualified Vendor reduces the number of direct service hours for the remaining two residents, the Qualified Vendor shall bill the Division a *per diem* rate based the authorized range of hours (Range 6) and two residents. Therefore, starting with day two of the week and until an adjustment is made in the authorized direct service hours, the Qualified Vendor shall bill the Division a *per diem* rate of \$201.60 for the remaining two residents.

Unit of Service

One unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

Direct Service Staff Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

2. The Qualified Vendor must require staff to complete the following training (to be reviewed and approved by the Division's Director of Clinical Services) prior to start of work but not limited to:
 - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
 - 2.2 Describing several strengths of consumers as well as needs and how these relate to challenging behaviors;
 - 2.3 Describing the values of the consumer and how they might contribute to the challenging behaviors;
 - 2.4 Identifying the consumer's most effective learning style;
 - 2.5 Involving the consumer's family and supportive others in identifying strengths/needs;
 - 2.6 Identifying the need for the consumer to have an assessment/reassessment to determine if behavioral health needs are being met;
 - 2.7 Staff and/or victim grooming and manipulation techniques;
 - 2.8 The therapy "triangle relationship" that can occur;
 - 2.9 Recognizing emotional responses;
 - 2.10 Offense patterns;
 - 2.11 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;
 - 2.12 Awareness of power and control over individuals in a subordinate role; and
 - 2.13 Principles of positive behavior support and person centered planning.
3. The Qualified Vendor shall ensure that appropriate staff participate in a Division supported forum designed to assist all Community Protection and Treatment providers in the areas of person centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight and other supportive ventures.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.

4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the responsible party.
5. The Qualified Vendor shall ensure a log of personal belongings of consumers served is maintained and continually updated. The Qualified Vendor will also submit to the consumer's representative a monthly accounting of expenditures per the individual spending plan.
6. The Qualified Vendor shall maintain a summary of accomplishments in the annual ISP and provide quarterly documentation to the Division that efforts are made to assist consumers towards alternative living options and the reduction of staffing support.

HABILITATION, GROUP HOME

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

Service Setting

1. This service is provided to consumers in a residential setting who have a variety of needs, including behavioral, physical and medical challenges. These settings typically serve two to six consumers with supervision needs from minimal to intense. Consumers may have intense behavioral challenges or may be dually diagnosed; thus requiring highly trained staff.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends and the community at large, including providing information regarding and facilitating access to community resources.
6. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s) which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop a specific training/teaching strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer; and
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.

6. Provide transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Provide room and board services.

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the collective needs of all of the consumers at that site and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the support level to be authorized for the consumers living in the home. This process should be a cooperative one that includes input from the Qualified Vendor. All changes must be re-authorized.
2. The DDD Program Administrator/Manager or designee shall approve any authorized hours in excess of Range 8 of the Adopted Rate Matrix for Habilitation, Group Home.

Rate

1. Published.
2. The daily rate for this service is established through an Adopted Rate Matrix for Habilitation, Group Home, and is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
3. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours

for the home. The adopted rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.

4. The Adopted Rate Matrix for Habilitation, Group Home is composed of ranges representing the number of direct service hours that may be authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The Adopted Rate Matrix for Habilitation, Group Home contains 14 ranges, each of which specifies the number of direct service hours the Qualified Vendor must provide in a week in order to bill the *per diem* rates associated with that range. This Matrix is statewide for all Habilitation, Group Homes. The Adopted Rate Matrix for Habilitation, Group Home illustrates the span of direct service hours associated with each authorized range.
5. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate on the Adopted Rate Matrix for Habilitation, Group Home that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly direct service hours weekly, or may calculate a monthly average of weekly direct service hours at the end of the month for that month.
6. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).
 - ☐ If there are 31 days in a month, then the number of weeks in a month is 4.43
 - ☐ If there are 30 days in a month, then the number of weeks in a month is 4.29
 - ☐ If there are 29 days in a month, then the number of weeks in a month is 4.14
 - ☐ If there are 28 days in a month, then the number of weeks in a month is 4.00
7. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.

8. Because direct service hours provided can vary by week (if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours), and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
9. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
10. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

Examples below illustrate some of the scenarios that the Qualified Vendor may come across over the course of providing direct service services to their consumers.

Example 1: Typical Billing

Using Range 6 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming five residents were present in the group home, the applicable *per diem* rate per resident would be \$72.55.

Example 2: Qualified Vendor Provides More/Fewer Hours than Authorized

Using Range 8 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of the authorized range, the Qualified Vendor is authorized to provide between 190 and 210 hours of direct service per week. As long as the Qualified Vendor's direct service hours are within this range (whether those hours are actual weekly direct service hours or are a monthly average of weekly direct service hours), the Qualified Vendor will bill the division a *per diem* rate equivalent to that shown in Range 8. If, however, the Qualified Vendor delivers 185 direct hours, or fewer than the low end of Range 8, the Qualified Vendor will bill the *per diem* rate at Range 7, or the range reflecting the actual direct service hours that were delivered.

On the other hand, if the Qualified Vendor delivers 215 of direct service hours (whether those hours are actual weekly direct service hours or are a monthly average of weekly direct service hours), or more than those authorized in Range 8 (equivalent to 210 hours), the Qualified Vendor will continue to bill the *per diem* rate at Range 8, or the range reflecting the direct service hours that were authorized by the Division.

Example 3: Different Number of Residents

Using Range 6 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming five residents were present in the group home, the applicable *per diem* rate per resident would be \$72.55.

Assume on day two of the week one resident leaves, until an adjustment is made and unless the Qualified Vendor reduces the number of direct service hours for the remaining four residents, the Qualified Vendor shall bill the Division a *per diem* rate based the authorized range of hours (Range 6) and four residents. Therefore, starting with day two of the week and until an adjustment is made in the authorized direct service hours, the Qualified Vendor shall bill the Division a *per diem* rate of \$90.69.

Unit of Service

One unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

Direct Service Staff Qualifications

Direct service staff must:

1. Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
2. Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.
4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the responsible party.
5. The Qualified Vendor shall ensure a log of personal belongings of consumers served is maintained and continually updated. The Qualified Vendor will also submit to the consumer's representative a monthly accounting of expenditures per the individual spending plan.

HABILITATION, NURSING SUPPORTED GROUP HOME

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special development skills, behavior intervention, sensory-motor development, and skilled nursing assessments and intervention.

The focus of this residential service is to meet the needs of consumers that require continuous medical intervention that requires the oversight of a registered nurse (RN).

Service Setting

1. This service is provided to consumers in a residential setting that typically serves four to six consumers who require the oversight of an RN.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services, including skilled nursing assessments and interventions, to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and to be a valued member of his/her community.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships and support for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
6. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the consumer's ISP processes, develop an individualized support plan, including:
 - 1.1 Establish habilitation-related service objectives based on assessment data and input from the consumer and the consumer's representative(s) which will allow the consumer to achieve his/her long term vision.
 - 1.2 Develop a specific teaching/training strategy for each objective, e.g., schedule for implementation, frequency of services, teaching strategies, data collection methods.
 - 1.3 Based upon the presence or absence of measurable progress, make changes to objective(s) and/or strategies, as agreed upon by the ISP team.
2. As identified in the consumer's ISP and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer; and
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.

6. Provide transportation to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities. Promote, as appropriate, the acquisition of skills necessary to access community transportation resources.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Provide room and board.
10. Ensure that services are prescribed by a qualified, licensed physician and that other professional nursing tasks are provided by an RN or a licensed practical nurse (LPN).

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the individual needs of each consumer at that site and will be revised as needs change. The Qualified Vendor is expected to assist the Division in the process for determining the support level to be authorized for the consumers living in the home. This process should be a cooperative one that includes input from the Qualified Vendor. All changes must be re-authorized.
2. Prior to initiation of this service and at least annually thereafter (more frequently if required by the Division), a nursing support assessment shall be performed by the Division's managed care unit. Initiation and/or continuation of this service may depend on AHCCCS' approval of the cost-effectiveness plan.

Rate

1. Published.
2. The Division will make payments to the Qualified Vendor based on the daily rate for each consumer at the authorized level. The rate does not include incontinent supplies or nutritional supplements, which are covered by the consumer's health plan. If these items are not covered by the health plans, the Division will approve these modifiers on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.
3. If the resident is not in the group home facility for a particular day, the Qualified Vendor shall not bill the Division for this resident.

Unit of Service

One unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance;
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above; or
 - 1.4 Be a registered nurse (RN) or licensed practical nurse.
2. The home must be under the general supervision of an RN.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.
4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the consumer's representative.

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5. The Qualified Vendor shall ensure a log of personal belongings of consumers served is maintained and continually updated. The Qualified Vendor will also submit to the consumer's representative a monthly accounting of expenditures per the individual spending plan.

ROOM AND BOARD, ALL GROUP HOMES

Service Description

This service is a 24-hour per day service that provides for a safe and healthy living environment that meets the physical needs of the consumer.

Service Setting

1. This service may be provided in any licensed community residential setting other than a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goal

To provide a residential environment that is dignified and “home-like,” ensures a safe and healthy living arrangement, and meets the physical and emotional needs of the consumer.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Ensure involvement of the consumer and/or his/her family in home furnishings/decor and any necessary modifications to optimize independence and personal preferences.
2. Ensure a safe and healthy living environment, which meets the physical and emotional needs of the consumer, is culturally appropriate and is available on a 24-hour basis.
3. Ensure the nutritional maintenance for consumers served by planning for and preparing nutritionally balanced meals in accordance with the consumer’s needs and in conjunction with the consumer’s preference.
4. If the Qualified Vendor provides habilitation services in a licensed community residential setting other than developmental homes (i.e., group homes, nursing supported group homes, and community protection and treatment group homes), provide room and board services to consumers residing in these licensed residential settings. Exceptions:
 - 4.1 When habilitation services are provided to consumers who are Native American and for whom their Tribe or Bureau of Indian Affairs has agreed to pay for the room and board services.

- 4.2 When cost share agreements are made by the Division with a behavioral health entity to pay for room and board services as part of “wrap around” services for a consumer.

Service Utilization Guidelines

Reserved.

Rate

1. Published.
2. The Qualified Vendor shall bill the Division monthly using contracted *per diem* rates for each consumer funded by the Division. There are separate *per diem* rates for District 1, District 2, District 3, and one common *per diem* rate for Districts 4, 5 and 6. A Qualified Vendor with multiple facilities in different districts will have different *per diem* rates based on the Daily Rate Matrix for each district. Within each District, the *per diem* rates are based on the capacity contracted by the Division from a Qualified Vendor and actual occupancy at 11:59 p.m. of each day.
3. The Daily Rate Matrix is composed of Rows that represent the contracted capacity in a Qualified Vendor’s facility and Columns that represent the number of actual occupants. To determine the occupancy at a Qualified Vendor’s facility, all residents in that facility will be counted, whether or not they are funded by the Division. For example, if the Division contracts with a Qualified Vendor with a capacity of five for the needs of the Division, and there are four Division consumers in the facility and another resident who is not funded by the Division, the Qualified Vendor shall bill the Division a *per diem* rate based on the occupancy of five.
4. If a resident is absent from the Qualified Vendor’s facility, the Qualified Vendor shall bill the Division for this resident. However, the Qualified Vendor shall not bill the Division for vacancies. An absence is when the consumer is not at the Qualified Vendor’s facility but is expected to return. A vacancy is when a consumer is no longer a resident of the Qualified Vendor’s facility.

Unit of Service

One unit equals one day (24 hours). If the consumer is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that consumer.

Direct Service Staff Qualifications

Reserved.

Recordkeeping and Reporting Requirements

Reserved.

HOME HEALTH AIDE

Service Description

This service provides intermittent health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the consumer's place of residence.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult); or
 - 1.4 A Level I or Level II behavioral health facility.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.

Service Goals and Objectives

Service Goals

To increase or maintain self-sufficiency of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Obtain order from physician for home health aide services that is renewed every 62 days.
2. Under the supervision of a registered nurse (RN), develop a plan of care, which is reviewed with the registered nurse every 60 days and sent to the primary care physician (PCP) for approval, based on:
 - 2.1 The consumer's self-care skills; and
 - 2.2 The consumer's health condition.

3. Provide nursing-related services under the direction and supervision of a registered nurse (RN) to:
 - 3.1 Monitor a consumer's medical condition by:
 - 3.1.1 Monitoring and documenting vital signs, as well as reporting results to the supervising RN or physician;
 - 3.1.2 Changing dressings and/or bandages;
 - 3.1.3 Providing care to prevent decubitus; and
 - 3.1.4 Reinforcing nursing instructions.
 - 3.2 Provide health maintenance or continued treatment services including, but not limited to:
 - 3.2.1 Personal care activities such as:
 - 3.2.1.1 Bathing/shampooing;
 - 3.2.1.2 Toileting;
 - 3.2.1.3 Bowel, bladder and/or ostomy programs as well as catheter hygiene;
 - 3.2.1.4 Dressing;
 - 3.2.1.5 Eating;
 - 3.2.1.6 Routine ambulation, transfers, range of motion activities or simple exercise programs;
 - 3.2.1.7 Combing/brushing and fixing hair;
 - 3.2.1.8 Skin care including hand and foot care;
 - 3.2.1.9 Shaving;
 - 3.2.1.10 Nail care;
 - 3.2.1.11 Dental/oral hygiene; and
 - 3.2.1.12 Assisting with use of special appliances and/or prosthetic devices.
 - 3.2.2 Assisting the consumer in self-administration of medication.
 - 3.2.3 Assisting the consumer to maintain sufficient nutritional and fluid intake.
 - 3.3 Assist in activities of daily living by:
 - 3.3.1 Providing information about nutrition;
 - 3.3.2 Cleaning consumer's living area;
 - 3.3.3 Doing consumer's laundry;
 - 3.3.4 Shopping;
 - 3.3.5 Banking; and
 - 3.3.6 Cooking for consumer as necessary.
 - 3.4 Under the supervision/direction of the RN, teach consumers and families how to perform home health tasks.
 - 3.5 Under the direction of the RN, inform the consumer's designated managed care nurse about other appropriate services when there are additional medical problems or social problems identified during the course of service delivery in order to reassess appropriate level of care/services.

Service Utilization Guidelines

1. This service will be authorized based on the nursing needs assessment conducted by the Division's managed care unit.
2. The Division's managed care unit will do nursing assessments at least annually, or more frequently if determined by the Division, to reassess need for this service.
3. This service may not be provided on the same day Attendant Care or Housekeeping is provided.

Rate

Published.

Unit of Service

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
2. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the Qualified Vendor basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

1. The Qualified Vendor must be a home health agency licensed by the Arizona Department of Health Services and certified by Medicare.
2. Qualified Vendor personnel who provide home health aide services must meet the qualifications pursuant to 42 CFR Part 484.4.
3. Home health aide service must be provided by an aide who is supervised by a registered nurse (RN) or by a licensed practical nurse (LPN) who is supervised by an RN. The supervisor must conduct home visits at least every 60 days.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall have monthly meetings with the Division's managed care nurse and/or provide monthly progress report reports to the managed care nurse. The managed care nurse will provide this information to the support coordinator. At this time the Qualified Vendor shall provide the managed care nurse with a copy of the signed plan of treatment.
2. The plan of treatment shall be kept current and signed, and a copy will be sent to the consumer's support coordinator via the managed care nurse to be incorporated into the consumer's case management file.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

NURSING

Service Description

This service provides nursing intervention that may include patient care, coordination, facilitation, and education.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 A consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult);
 - 1.4 A Level I or Level II behavioral health facility; or
 - 1.5 A day treatment and training program.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.

Service Goals and Objectives

Service Goals

1. To improve or maintain the physical well being and/or mental health of consumers.
2. To increase or maintain self-sufficiency of consumers.
3. To provide relief/respite to caregivers of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. After the consumer's primary care physician (PCP), or attending physician of record, has provided orders for nursing services, assess skilled needs to develop a plan of treatment, which includes the nursing care plan.
 - 1.1 As specified in the Arizona Nurse Practice Act and prior to the start of service, obtain the written statement from the primary care physician that contains the diagnosis and scope of skilled nursing needs, and medical orders, as needed.

- 1.2 Utilizing sound, current principles of diagnosis and assessment, evaluate the consumer's nursing needs to include:
 - 1.2.1 A review of current medical files, provided by the Qualified Vendor, all pertinent health-related information and communicate with the managed care nurse and/or support coordinator, families, and ISP team members as needed to identify potential health needs and current health status of the consumer; and
 - 1.2.2 An assessment of the consumer in relation to physical (for example need for skin care, respiratory therapy, etc.), developmental, behavioral, and mental health dimensions.
 - 1.3 Develop a plan of treatment that includes:
 - 1.3.1 Nursing care plans based on sound principles of diagnosis and assessment. The team member process shall be utilized to adequately assess the consumer's needs and to develop nursing diagnosis.
 - 1.3.2 The physician's orders.
 - 1.4 Observe and evaluate the consumer's response to treatment and review plan of treatment and nursing care plan as directed or as needed. All personnel shall incorporate information to deliver optimal care to the consumer.
2. Provide intermittent (short-term) or continuous skilled nursing services, as assessed and outlined in the nursing plan of care and supported by the consumer's PCP or attending physician of record. Staff utilized to provide nursing services will be licensed professional nursing personnel, either a registered nurse (RN) or a licensed practical nurse (LPN), who is under the direct supervision of a RN.
 - 2.1 Based upon physician orders and the nursing plan of care, provide direct services including, but not limited to:
 - 2.1.1 Injections;
 - 2.1.2 Intravenous (IV) treatments;
 - 2.1.3 Insertions of catheters;
 - 2.1.4 Respiratory therapy/respiratory treatments;
 - 2.1.5 Treatment for pressure sores;
 - 2.1.6 Care of surgical wounds;
 - 2.1.7 Nasal gastric feedings;
 - 2.1.8 Tracheotomy care;
 - 2.1.9 Parenteral Nutrition (TPN);
 - 2.1.10 Oxygen;
 - 2.1.11 Broviac catheter;
 - 2.1.12 Rectal medications for seizures; and
 - 2.1.13 Peritoneal dialysis.
 - 2.2 Plan of treatment shall be implemented and followed utilizing sound principles of diagnosis and assessment.

- 2.3 In the preparation and dispensing of medications, all personnel shall refer to physicians' orders via the individual chart and medication profile, and medications shall be dispensed, administered, and documented using the routine well known to the nursing process. Only a RN shall administer intravenous medications.
 - 2.3.1 Ensure that all medications are completely and accurately labeled per current plan of treatment; and monitor use of medication with relation to prescription.
 - 2.4 Assist with counseling to help the consumer.
 - 2.5 When required, render emergency care.
 - 2.6 Perform and document skin assessments.
 - 2.7 Assist in activities of daily living by:
 - 2.7.1 Assisting with personal care tasks;
 - 2.7.2 Providing information about nutrition;
 - 2.7.3 Doing light cleaning in the consumer's living area;
 - 2.7.4 Doing consumer's laundry; and
 - 2.7.5 Cooking for consumer as necessary.
 - 2.8 As necessary, provide physical or mental rehabilitation through restorative nursing functions and various therapies, encouraging consumers to focus on their abilities and assist them with maximizing usage of assistive devices.
- 3. Provide support to the plan of treatment and nursing care plan with a focus on prevention and health promotion to consumer, family and/or their support systems, taking into account the consumer and the family's values and cultural beliefs.
 - 3.1 To insure maximum success of the plan of treatment and nursing care plan:
 - 3.1.1 Provide training on nursing procedures and treatment to the consumer, family and/or support systems;
 - 3.1.2 Act as liaison between direct care staff and community-based professionals, agencies and/or educational resources;
 - 3.1.3 Accompany consumer on appointments to discuss special health concerns;
 - 3.1.4 Make telephone contact with physicians or health agencies to address specific health needs;
 - 3.1.5 Consult with the educational community on behalf of the consumer, as necessary, and when necessary provide training to educators;
 - 3.1.6 Assist the family in making referrals to primary care physicians or other appropriate professionals for examinations and diagnostic procedures, as deemed necessary; and
 - 3.1.7 Coordinate delivery of needed services to consumers, families and support systems.
 - 3.2 Within the context of the plan of treatment, the nursing care plan and the consumer's health needs, provide education to consumer, family and/or support system regarding health care identified needs, including:
 - 3.2.1 How to work with the primary care physician and the referral system;
 - 3.2.2 How to obtain durable medical equipment needed;

- 3.2.3 How to obtain, prepare and dispense medications; and
 - 3.2.4 Following physician orders and keeping proper documentation of medical appointments, physician orders, medications, therapies and treatments and the consumer's response to all.
- 3.3 Collaborate with other health professionals and health care team members to meet identified consumer/family needs.
- 4. As requested participate in training, when applicable, or, as required, provide training and technical assistance to Division staff and other appropriate individuals.
 - 4.1 Nursing personnel shall be responsible for meeting monthly with Division managed care nurses to review the plan of treatment and the nursing care plan, maintaining regular contact with Division managed care nurses, and determining current priorities.
 - 4.2 Nursing personnel may be directed to participate in orientation or other in-service training.
 - 4.3 Nursing personnel may be directed to participate in the development of policies and procedures relevant to other stated objectives.
 - 4.4 Nursing personnel may be requested to consult with the support coordinator, medical supply representatives and other professional and paraprofessional staff on the features and design of special equipment that the consumer may need.
 - 4.5 Nursing personnel may be requested to prepare instruction on the use and care of special equipment.
- 5. Ensure that personnel are properly trained, prior to the delivery of nursing services, by ensuring that staff:
 - 5.1 Have received specialized training to the consumer's care needs and be updated on an as needed basis. (Nurses providing care to a person using a ventilator must be ventilator certified or have a developed competency for the specific ventilator via work experience.)
 - 5.2 Have been informed of proper techniques for medication administration including:
 - 5.2.1 All medications shall be completely labeled; and
 - 5.2.2 Discrepancies in the preparation and or the dispensing of medication shall be brought to the attention of the supervisor immediately, with counseling of involved personnel and follow through.
 - 5.3 Have been provided with information regarding emergency care and first aid, as well as specific individual first aid for specific conditions.
 - 5.4 Have been oriented to the designated disaster plan, including but not limited to, calling paramedics, instituting life-saving measures and other emergency policies of the Division.
 - 5.5 Have completed an orientation to clinical and administrative record keeping by a nurse approved by, or contracted with the Division or AHCCCS Administration.

Service Utilization Guidelines

1. Nursing will be authorized based on the nursing needs assessment conducted by the Division's managed care unit.
2. This service is provided on an intermittent (short-term) or continuous basis. The allocation of nursing service hours is authorized by the managed care nurse, based on the nursing assessment, which will be included in the consumer's ISP.
3. The Division's managed care unit will conduct nursing assessments at least annually, or more frequently if required by the Division, to reassess need for this service.
4. Prior to initiating the service, the Qualified Vendor shall obtain written orders from the consumer's primary care physician (PCP) or physician of record. The written physician orders will be renewed every 62 days (bimonthly).

Rate

1. Published.
2. The Division has established modified rates for Nursing, Short Term and Nursing, Continuous for when the Qualified Vendor or direct service staff must travel 50 or more miles one way to provide this service to a consumer. While the Division prefers to have nurses close to a consumer's home, it is anticipated that occasionally there will be consumers who live where there are no nurses close by and nurses must travel 50 or more miles one way to provide services. If the Qualified Vendor or direct service staff must travel 50 or more miles one way to provide services, for each unit of service delivered on each discrete trip the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance as provided on the rate schedule. The distance is calculated from the Qualified Vendor's principle place of business to the location of the nursing service (generally the consumer's home). These modified rates may also be used for multiple clients.

Unit of Service

1. The basis of payment for Nursing, Short Term is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

2. If the Qualified Vendor provides nursing for 16 or more hours in one day, this is considered to be Nursing, Continuous. One unit of service for Nursing, Continuous equals one day (16 or more hours in a 24-hour period) of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of days of service and include the actual cumulative hours of service provided on the billing document as required by the Division.

If the Qualified Vendor provides nursing for 24 hours and the same nurse provides the service and is able to sleep eight hours, this is billed as Nursing, Continuous. However, if the needs of the consumer require 24 hours of awake skilled care, then this is billed as Nursing, Short Term.

Skilled hourly nursing and nursing respite may be combined. However, if the primary caregivers are out of the home for 24 hours or more, the skilled hourly nursing becomes respite and is billed as Nursing, Continuous.

3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall be:

1. A home health agency licensed by the Arizona Department of Health Services and certified by Medicare utilizing RNs and LPNs, under the direction and supervision of an RN for both short-term or continuous nursing care;
2. A home health agency licensed by the Arizona Department of Health Services utilizing RNs and LPNs, under the direction and supervision of an RN, for continuous nursing care and RNs only when doing short-term nursing care; or
3. An independent nurse approved and authorized by the Division who works through a private duty home health agency.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall have monthly meetings with the Division's managed care nurse and/or provide monthly progress reports to the managed care nurse. The managed care nurse will provide this information to the support coordinator. At this time the Qualified Vendor shall provide the managed care nurse with a copy of the signed plan of treatment.
2. The plan of treatment shall be kept current and signed, and a copy will be sent to the consumer's support coordinator via the managed care nurse to be incorporated into the consumer's case management file.
3. All physician orders shall be maintained in each consumer's file and a copy sent to the Division representative.
4. The Qualified Vendor will give consumer-specific documentation to the Division upon request.
5. The Qualified Vendor shall retain documentation of all training including copies of CPR certification in the Qualified Vendor's files.
6. The Qualified Vendor must maintain on file proof of hours worked by their staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.
7. The Qualified Vendor will notify the Division/District when skilled needs change in between the 62 day plan period.

8. The staff providing nursing services are responsible for all documentation of the consumer's care, including skilled nursing care such as suctioning, tracheotomy changes, medications, etc.
 - 8.1 Documentation of ISP team members exchanges of information pertaining to nursing shall be written in the nurse's notes on each consumer discussed and documented at the team meeting by attendee signature.

OCCUPATIONAL THERAPY

Service Description

This service directs the participation of consumers over age three in selected activities to restore, maintain or improve functional skills.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult);
 - 1.4 A skilled nursing facility;
 - 1.5 An ICF/MR; or
 - 1.6 The Qualified Vendor's office/center.
2. This serve shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

To accomplish the functional outcomes/goals identified by the consumer and his/her family/the consumer's representative through the ISP team planning process.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Complete or obtain an evaluation/assessment of the consumer's skills and needs in the following areas:
 - 1.1 Fine motor;
 - 1.2 Sensory-motor;
 - 1.3 Oral motor/feeding;
 - 1.4 Reflexes, muscle tone;
 - 1.5 Functional living skills; and
 - 1.6 Equipment needs.

2. In conducting the evaluation/assessment:
 - 2.1 Include an interview with consumer's family or the consumer's representative, utilize questionnaires, standardized test procedures, direct observations and consultation with or involvement of others. As part of the interview, the family or consumer's representatives provides input regarding daily routines, supports, strengths and concerns.
 - 2.2 Review and discuss assessment results with the consumer, family, consumer's representative, support coordinator and others.
 - 2.3 Provide information to the consumer/family/consumer's representative about activities to be carried out within the consumer's daily routine. A summary of these activities must be included in the written report.
3. Collaborate with parents, consumer representatives, teachers, paraprofessionals and others involved with the consumer to develop the ISP and to ensure a comprehensive and coordinated ISP for the consumer.
4. Recommend integrated functional activities and instruct consumers and/or parents, consumer representatives, teachers, paraprofessionals and others involved to incorporate these activities into the daily routines, in support of the ISP outcomes/objectives/goals.
5. Provide intervention and treatment that requires the skills as a licensed occupational therapist to implement outcomes/objectives/goals of the ISP.
6. Collaborate with others (including the school programs and other therapists), train families/the consumer's representative, review programs, and attend the ISP meeting. Contact with school therapists must be made to ensure consistency across environments without duplication of service. Techniques or modalities should support one another and not contraindicate each other.

Service Utilization Guidelines

1. Evaluation/assessment alone cannot determine the need for occupational therapy services. Outcomes/objectives/goals are established at the ISP meeting. The ISP team determines who or what service is most appropriate to implement the outcomes/objectives/goals. Any outcome/objective/goal can be addressed in a number of ways.
2. The Qualified Vendor/direct service staff may recommend a level of therapy, but the ISP team determines the level based on the family/consumer circumstances.
3. Levels of service should be flexible in order to meet the changing needs of a consumer and the family.

4. Goals will be identified and developed within the context of the ISP team so that the consumer will receive consistency across environments (home and community). Supports and services should build upon natural relationships and be delivered in settings and ways that support daily routines. Informational support will be provided on a regular basis to consumers/families/consumer representatives.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

Direct service staff shall meet all applicable licensure requirements in order to provide occupational therapy services, including:

1. Occupational therapy services must be provided by a person licensed by the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.
2. Occupational therapists utilizing Certified Occupational Therapy Assistants must adhere to supervision licensure requirements from the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

OCCUPATIONAL THERAPY EARLY INTERVENTION

Service Description

This service directs the participation of a consumer from birth to age three in selected activities to restore, maintain and improve functional skills.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goal and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the occupational therapist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify the supports and strategies that will assist the child and family to attain their Individualized Family Service Plan outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and caregivers are (1) relevant to the family's priorities, resources, and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members to ensure that all services, supports and strategies are coordinated and focus on assisting the families and caregivers to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed occupational therapist to implement outcomes/objectives/goals of the IFSP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The occupational therapist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The occupational therapist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 "...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family's choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider."

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and the Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide occupational therapy services, including:

1. Occupational therapy services must be provided by a person licensed by the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.
2. Occupational therapists utilizing Certified Occupational Therapy Assistants must adhere to supervision licensure requirements from the Arizona Board of Occupational Therapy Examiners pursuant to Arizona Revised Statutes, Title 32, and Chapter 34.
3. The Qualified Vendor and each individual therapist must:
 - 3.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 3.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AzEIP requirements, including the AzEIP policies and procedures.
 - 3.3 Comply with the AzEIP Professional Development System and meet the AzEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

PHYSICAL THERAPY

Service Description

This service directs participation by consumers over age three in selected activities to restore, maintain, or improve physical skills.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult);
 - 1.4 A skilled nursing facility;
 - 1.5 An ICF/MR; or
 - 1.6 The Qualified Vendor's office/center.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

To accomplish the functional outcomes/goals identified by the consumer and his/her family/the consumer's representative through the ISP team planning process.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Complete or obtain an evaluation/assessment of the consumer's skills and needs in the following areas:
 - 1.1 Gross motor;
 - 1.2 Muscle tone;
 - 1.3 Reflex testing (as appropriate); and
 - 1.4 Equipment needs.
2. In conducting the evaluation/assessment:
 - 2.1 Include an interview with the consumer's family or the consumer's representative, utilize questionnaires, standardized test procedures, direct observations and consultation with or involvement of others. As part of the interview, the family or

- consumer representative provides input regarding daily routines, supports, strengths and concerns.
- 2.2 Review and discuss assessment results with the consumer, family, consumer's representative, support coordinators and others.
 - 2.3 Provide information to the consumer/family/consumer's representative about activities to be carried out within the consumer's daily routine. A summary of these activities must be included in the written report.
3. Collaborate with parents, consumer representatives, teachers, paraprofessionals and others involved with the consumer to develop the ISP and to ensure a comprehensive and coordinated ISP for the consumer.
 4. Recommend integrated functional activities and instruct consumers and/or parents, consumer representatives, teachers, paraprofessionals and others involved to incorporate these activities into the daily routines, in support of the ISP outcomes/objectives/goals.
 5. Provide intervention and treatment that requires the skills as a licensed physical therapist to implement outcomes/objectives/goals of the ISP.
 6. Collaborate with others (including the school programs and other therapists), train families/consumer representatives, review programs, and attend the ISP meeting. Contact with school therapists must be made to ensure consistency across environments without duplication of service. Techniques or modalities should support one another and not contraindicate each other.

Service Utilization Guidelines

1. Evaluation/assessment alone cannot determine the need for occupational therapy services. Outcomes/objectives/goals are established at the ISP meeting. The ISP team determines who or what service is most appropriate to implement the outcomes/objectives/goals. Any outcome/objective/goal can be addressed in a number of ways.
2. The Qualified Vendor/direct service staff may recommend a level of therapy, but the ISP team determines the level based on the family/consumer circumstances.
3. Levels of service should be flexible in order to meet the changing needs of a consumer and the family.
4. Goals will be identified and developed within the context of the ISP team so that the consumer will receive consistency across environments (home and community). Supports and services should build upon natural relationships and be delivered in settings and ways that support daily routines. Informational support will be provided on a regular basis to consumers/families/consumer representatives.

5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented. Services should be discontinued as indicated.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

Physical therapy services must be provided by a person licensed by the Arizona Board of Physical Therapy Examiners and who is a graduate of an “accredited physical therapy education program” curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division’s therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will adhere to the Division’s therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer’s representative as verification of hours served.

PHYSICAL THERAPY EARLY INTERVENTION

Service Description

This service directs the participation of a consumer from birth to age three in selected activities to restore, maintain and improve physical skills.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goal and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the physical therapist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify the supports and strategies that will assist the child and family to attain their IFSP outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and other caregivers are (1) relevant to the family's priorities, resources, and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members in the provision of services to ensure that all services, supports and strategies are coordinated and focus on assisting families to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed physical therapist to implement outcomes/objectives/goals of the ISP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The physical therapist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The physical therapist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 "...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family's choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider."

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide physical therapy services, including:

1. Physical therapy services must be provided by a person licensed by the Arizona Board of Physical Therapy Examiners and who is a graduate of an “accredited physical therapy education program” curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association.
2. The Qualified Vendor and each individual therapist must:
 - 2.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 2.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AzEIP requirements, including the AzEIP policies and procedures.
 - 2.3 Comply with the AzEIP Professional Development System and meet the AzEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

SPEECH THERAPY

Service Description

This service provides evaluations, program recommendations, and/or treatment/training in receptive and expressive language, voice, articulation and fluency for consumers age three and over.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult);
 - 1.4 A skilled nursing facility;
 - 1.5 An ICF/MR; or
 - 1.6 The Qualified Vendor's office/center.
2. This serve shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

To accomplish the functional outcomes/goals identified by the consumer and his/her family/the consumer's representative through the ISP team planning process.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Complete or obtain an evaluation/assessment of the consumer's skills and needs in the following areas:
 - 1.1 Oral peripheral mechanism;
 - 1.2 Feeding;
 - 1.3 Current language levels;
 - 1.4 Phonation/respiration;
 - 1.5 Imitation, inner (cognitive) language, receptive and expressive language, sign language;
 - 1.6 Learning style, articulation and equipment needs; and
 - 1.7 Need for augmentative/assistive technology.

2. In conducting the evaluation/assessment:
 - 2.1 Include an interview with consumer's family or consumer's representative, utilize questionnaires, standardized test procedures, direct observations and consultation with or involvement of others. As part of the interview, the family or consumer's representative provides input regarding daily routines, supports, strengths and concerns.
 - 2.2 Review and discuss assessment results with the consumer, family, consumer's representative, support coordinators and others.
 - 2.3 Provide information to the consumer/family/consumer's representative about activities to be carried out within the consumer's daily routine. A summary of these activities must be included in the written report.
3. Collaborate with parents, consumer representatives, teachers, paraprofessionals and others involved with the consumer to develop the ISP and to ensure a comprehensive and coordinated ISP for the consumer.
4. Recommend integrated functional activities and instruct consumers and/or parents, consumer representatives, teachers, paraprofessionals and others involved to incorporate these activities into the daily routines, in support of the ISP outcomes/objectives/goals.
5. Provide intervention and treatment that requires the skills as a licensed speech therapist to implement outcomes/objectives/goals of the ISP.
6. Collaborate with others (including the school programs and other therapists), train families/consumer representatives, review programs, and attend the ISP meeting. Contact with school therapists must be made to ensure consistency across environments without duplication of service. Techniques or modalities should support one another and not contraindicate each other.

Service Utilization Guidelines

1. Evaluation/assessment alone cannot determine the need for occupational therapy services. Outcomes/objectives/goals are established at the ISP meeting. The ISP team determines who or what service is most appropriate to implement the outcomes/objectives/goals. Any outcome/objective/goal can be addressed in a number of ways.
2. The Qualified Vendor/direct service staff may recommend a level of therapy, but the ISP team determines the level based on the family/consumer circumstances.
3. Levels of service should be flexible in order to meet the changing needs of a consumer and the family.

4. Goals will be identified and developed within the context of the ISP team so that the consumer will receive consistency across environments (home and community). Supports and services should build upon natural relationships and be delivered in settings and ways that support daily routines. Informational support will be provided on a regular basis to consumers/families/consumer representatives.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented. Services should be discontinued as indicated.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour

3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Direct Service Staff Qualifications

Speech therapy services must be provided by a Speech Language Pathologist that holds a license issued by the Arizona Department of Health Services. If non-certified or clinical fellowship year (CFY) personnel are utilized, they must be under supervision of a certified Speech Language Pathologist.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

SPEECH THERAPY EARLY INTERVENTION

Service Description

This service provides evaluations, program recommendations, and/or treatment/training in receptive and expressive language, voice, articulation and fluency to consumers from birth to age three.

Service Setting

1. To the maximum extent appropriate to the needs of the child this service must be provided in natural environments. Natural environments means settings that are natural or normal to the child's same age peers who have no disabilities; this includes the home and community settings, such as a park, restaurant, child care provider, etc. in which children without disabilities participate.
2. The Individualized Family Service Plan (IFSP) team may choose other than a natural environment only when the outcomes cannot be met providing this service in natural environments.
3. In these few situations where the team decides that it is impossible to meet an outcome in a natural environment, it must provide justification for its decision and a plan and a timeline to provide this service in a natural environment.

Service Goals and Objectives

Service Goals

1. To support and enhance the resources of the family to promote their child's development and participation in family and community life.
2. To focus on functional and meaningful outcomes for families and children who, as they grow, will continue to make decisions that support their independence and involvement with their community and the activities that interest and fulfill them.
3. To assist the family and other caregivers in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Participate in, conduct or obtain an evaluation of the child's development.
 - 1.1 The evaluation of the child's development shall include: (1) a review of pertinent records related to the child's current health status and medical history, and (2) a evaluation of the child's level of functioning and assessment of the unique needs of the child in each of the following developmental areas: cognitive development; physical development, including vision and hearing; communication development; social-emotional development; and adaptive development.
 - 1.2 Evaluation procedures must include consideration of how the child's developmental capabilities across domains impact the child's ability to (1) engage or participate; (2) develop social relationships; and (3) be independent.
 - 1.3 The evaluations must be conducted by qualified personnel who are trained to utilize appropriate and nondiscriminatory methods and procedures, including informed clinical opinion, to evaluate children from birth through 36 months.
 - 1.4 Evaluation procedures and materials selected must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so, and not be racially or culturally discriminatory.
2. Collaborate with families, caregivers, support coordinators, and other early intervention professionals to develop and implement the Individualized Family Service Plan (IFSP).
 - 2.1 Assist the family in identifying their priorities, resources and interests related to their child's development. Discussion of family priorities, resources and interests is completely directed by the family and at their discretion.
 - 2.2 The IFSP team, including the speech language pathologist, shall review and synthesize developmental information from all developmental assessment, evaluations, pertinent records, family report, observation and other sources of information.
 - 2.3 The IFSP team will identify functional, routine-based outcomes.
 - 2.4 The IFSP team will identify supports and strategies that will assist the child and family to attain their Individualized Family Service Plan outcomes. The IFSP team shall ensure that all strategies identified in partnership with the family and other caregivers are (1) relevant to the family's priorities, resources and concerns, (2) directly linked to the functional, routines-based IFSP outcomes, and (3) based on a holistic understanding of child development.
3. Collaborate and consult with IFSP team members in the provision of services to ensure that all services and supports and strategies are coordinated and focus on assisting the families and caregivers to participate in desired activities.
4. Provide intervention and treatment that requires the skills as a licensed speech therapist to implement outcomes/objectives/goals of the ISP.

5. Participate in assessing progress toward IFSP outcomes.
 - 5.1 The speech language pathologist, as a member of the Individualized Family Service Plan team, shall document and report progress toward outcomes systematically and use this information to develop, review and evaluate the Individualized Family Service Plan. The speech language pathologist shall involve the family and other caregivers in assessing progress, both qualitatively and quantitatively.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.
7. This service shall be authorized in accordance with Administrative Directive #77 "...if day treatment and training/special instruction is identified to meet a planned outcome the support coordinator shall first offer the family choice of day treatment and training/special instruction provider. If the plan also identifies therapy as a service to meet planned outcomes and the family's choice of provider for day treatment and training/special instruction also contracts through the Qualified Vendor process for any or all of the therapy services, the family shall automatically be assigned these services through this provider."

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Qualifications

The Qualified Vendor shall meet all applicable licensure and Arizona Early Intervention Program (AzEIP) Personnel Standards requirements in order to provide speech therapy services, including:

1. Speech therapy services must be provided by a Speech Language Pathologist that holds a license issued by the Arizona Department of Health Services. If non-certified or clinical fellowship year (CFY) personnel are utilized, they must be under supervision of a certified Speech Language Pathologist.

2. The Qualified Vendor and each individual therapist must:
 - 2.1 Be registered with the Arizona Early Intervention Program and completed a program self-assessment.
 - 2.2 Work cooperatively with DES/DDD for the State and Federal monitoring of the statewide Early Intervention Program. Comply with all applicable DES/DDD and DES/AZEIP requirements, including the AZEIP policies and procedures.
 - 2.3 Comply with the AZEIP Professional Development System and meet the AZEIP Standards of Practice.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the support coordinator within three weeks of the evaluation. The report will adhere to the Division's therapy policy.
2. The Qualified Vendor shall submit a quarterly progress report to the support coordinator within 15 days of the end of the quarter. The report will document the relationship between the service and the outcome it is intended to achieve as identified on the IFSP and adhere to the Division's therapy policy.
3. The Qualified Vendor must maintain on file proof of hours worked by their direct service staff, e.g., staff time sheets. Each document must be signed by the consumer/family/consumer's representative as verification of hours served.

TRANSPORTATION

Service Description

This service provides non-emergency ground transportation as prior approved by the Division in the following situations:

1. For home visits for consumers residing in developmental homes or group homes when providing such transportation would be an extraordinary burden on the developmental home or group home Qualified Vendor, and the consumer's natural supports cannot provide such service.
2. For occupational, physical or speech therapy appointments when the consumer's natural supports cannot provide such service.
3. For day treatment programs if the consumer is enrolled in a day treatment program, and the consumer's natural supports cannot provide such service.

Service Setting

This service shall not be provided to consumers residing in group homes or developmental homes (child or adult) unless the service is for a home visit and providing such transportation would be an extraordinary burden on the developmental home or group home Qualified Vendor, and the consumer's natural supports cannot provide such service.

Service Goals and Objectives

Service Goal

To increase or maintain self-sufficiency, mobility and/or community access of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Provide transportation to consumers from one location to another. This includes traveling to and from designated locations to pick up or drop off consumers at specified times.

2. Provide transportation to home visits, therapy appointments, and to and from a day treatment program. (Transportation to medical appointments is typically coordinated through the consumer's AHCCCS/ALTCS health plan. Transportation to behavioral health services is typically coordinated through the Regional Behavioral Health Authority.)
3. Assist the consumers in entering and exiting the vehicle as necessary.
4. Utilize a method to schedule authorized trips that is capable of accommodating advanced reservation, same day requests and cancellations.
5. Schedule pick up and drop off times so that the consumer does not have to wait more than 20 minutes.
6. Notify the consumer/family/consumer's representative if the driver is 20 or more minutes late or is unable to transport, and have a backup plan in case the scheduled driver or vehicle is unavailable. The consumer will not be transported by another provider without prior consent of the consumer/family/consumer's representative.
7. Equip each vehicle with a two-way radio or a cellular phone that is adequate for the range of vehicle utilization.

Service Utilization Guidelines

1. Using the assessment and plan developmental processes, the need for transportation is assessed by the consumer's ISP team when there is no other community or family resources for transportation available.
2. All transportation services must be prior authorized by the Division.
3. As assessed by the consumer's ISP team, the Division may prior authorize an aide to accompany the driver to supervise consumers for safety or other reasons.
4. The Division may request that the Qualified Vendor wait while the consumer completes the appointment.
5. The Qualified Vendor shall allow one escort to accompany the consumer. An escort is a caregiver who accompanies the consumer. The Qualified Vendor shall not charge a transport fee for the escort.

6. When a consumer needs transportation services, the Qualified Vendor will be contacted with information relative to the dates and times service is needed, pick up and drop off points and if an aide or wait time will be needed.
7. Typical utilization would not exceed two one-way trips per day.

Rate

1. Published.
2. Separate urban and rural rates and procedure codes are established for transportation services. Except for "Flat Trip Rate for Regularly Scheduled Daily Transportation," urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports that are not "Flat Trip Rate for Regularly Scheduled Daily Transportation" are defined as rural.
3. The "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate can only be used, and shall be the only rate used, for transportation of a consumer to a day treatment and training program by a Qualified Vendor that is not an independent provider.
4. Separate urban and rural rates are established for the "Flat Trip Rate for Regularly Scheduled Daily Transportation." The Qualified Vendor shall bill the Division the rural rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate for rural areas is that the potential Day Treatment and Training client base of the program size has fewer than 20 consumers in a 40 mile radius.
5. The following exceptional transportation modified rates are established for "Flat Trip Rate for Regularly Scheduled Daily Transportation:"
 - 5.1 Single Person Modified Rate
 - 5.1.1 This modified rate is to be used when a consumer has significant transportation needs associated with behavior needs (e.g. needs an aide to ride on the vehicle), wheelchair or other equipment needs or location and needs a single person transport.
 - 5.1.2 Separate urban and rural rates are established.
 - 5.1.3 The DDD Program Administer/Manager, Central Office Business Operations and Program Operations must approve the request for a single person modified rate. The request needs to include an explanation of what the consumer's support needs are and what alternatives were explored, such as vendor calls or finding routes that the consumer can share a ride with others.

5.2 Extensive Distance Modified Rate

- 5.2.1 This modified rate is to be used when a consumer must travel 25 to 90 miles one way to attend a day program.
- 5.2.2 Separate urban and rural rates are established.
- 5.2.3 The DDD program Administrator/Manager, Central Office Business Operations, and Program Operations must approve the request for an extensive distance modified rate. The request must include an explanation of all alternatives researched such as finding a day program closer to the consumer's home, developing a new program tailored to the consumer's needs and in their home community, etc.
- 5.3 Those situations where these modified rates are used will be considered time-limited in order to seek day programs closer to a consumer's home long term or to develop an alternative so that consumers are not transported so much of their day.
- 5.4 Based on the premise that these are temporary or transitional modified rates, these modified rates are capped at 50 consumers statewide annually.

- 6. The "Non-Emergency Transportation, Family and Friend" rate can only be used, and shall be the only rate used, for transportation of a consumer by an independent individual provider, regardless of whether that provider is or is not a Qualified Vendor.

Unit of Service

- 1. One unit of service equals one trip per person one way, one mile of traveled distance, or 30 minutes of waiting time.
- 2. Mileage reimbursement is limited to loaded mileage. Loaded mileage is the distance traveled, measured in statute miles, while a consumer is on board and being transported.

Direct Service Staff Qualifications

Drivers shall be over the age of eighteen, have the appropriate training, license and endorsement for the vehicle being used.

Recordkeeping and Reporting Requirements

- 1. The provider shall maintain copies of vehicles maintenance records and safety inspections on file.
- 2. The provider shall record services delivered to each consumer, submit them to Division designee, and maintain copies on file. The records shall include, at a minimum by consumer, the consumer's name and ASSISTS identification number, date of service, mileage, and pick up and drop off times. The records must be signed by the consumer, family or consumer's representative as verification of services provided.